Washington State Department of Social & Health Services

ALCOHOL AND DRUG ADDICTION TREATMENT AND SUPPORT ACT (ADATSA)

ADATSA/ADULT ASSESSMENT

CLIENT'S NAME

DIMENSION 1:

ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

SECTION 1 — **A. WITHDRAWAL HISTORY**

1. Do you have a withdrawal history? ☐ Yes ☐ No
2. Indicate dates and modality of detoxes: last detox date _____ Number of detox admits: _____
   ☐ Medical/acute ☐ Sub-acute ☐ Jail ☐ Home ☐ Other:

B. CURRENT SIGNS AND SYMPTOMS OF WITHDRAWAL

☐ None	☐ Insomnia	☐ Transient visual, tactile or auditory hallucinations or delusions
☐ Increased hand tremors	☐ Fatigue	☐ Autonomic hyperactivity
☐ Nausea/vomiting	☐ Anxiety	☐ Paranoia
☐ Psychomotor agitation	☐ Seizures; date of last seizure: _____	
☐ Sweats	☐ Cramping	☐ Other (specify): _____
☐ Vivid, unpleasant dreams	☐ Crawling skin/goose flesh	

DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

RECOMMENDED LEVEL OF CARE

- ☐ Level 0.5 — No withdrawal risk
- ☐ Level OMT — Psychologically dependent on opiates and requires either OMT Medical Detox to prevent withdrawal or methadone tx
- ☐ Level I - D — Ambulatory detoxification without on-site monitoring
- ☐ Level II - D — Ambulatory detoxification with extended on-site monitoring
- ☐ Level III.2 - D — Clinically managed residential detoxification ..... Subacute Detox
- ☐ Level III.7 - D — Severe withdrawal, medically monitored ..... Medical Detox
- ☐ Level IV - D — Medically managed intensive inpatient ..... Psychiatric Hospital or Hospital Acute Care

DIMENSION 2:

BIOMEDICAL CONDITIONS AND COMPLICATIONS

SECTION 2 — **PHYSICAL CONDITIONS**

1. Do you have or have you ever had:

	TREATED	UNTREATED
☐ Anemia or blood disorder	☐	☐
☐ Rheumatic or scarlet fever	☐	☐
☐ Chest pains	☐	☐
☐ Fainting spells	☐	☐
☐ Kidney disease or bladder infection	☐	☐
☐ Liver disease-hepatitis or cirrhosis	☐	☐
☐ Cancer	☐	☐
☐ Diabetes	☐	☐
☐ Tuberculosis; last tested: _____	☐	☐
Test results: _____		
☐ Ulcers or pains in the stomach	☐	☐
☐ Epilepsy/Seizure Disorder	☐	☐
☐ Venereal disease	☐	☐
☐ Heart trouble	☐	☐
☐ High or low blood sugar	☐	☐
☐ Head injury	☐	☐
If yes, when: _____		
☐ Shortness of breath, COPD or Emphasema	☐	☐
☐ Glaucoma	☐	☐
☐ Frequent illness	☐	☐
☐ Allergies (food or drug)	☐	☐
If yes, what: _____		
☐ Other: _____	☐	☐

IF FEMALE:

☐ Menopause or post-menopausal	☐	☐
☐ PMS	☐	☐

☐ Likelihood of Pregnancy: ☐ Suspected ☐ Diagnosed Number of months: _____

Referred to First Steps: ☐ Yes ☐ No

2. ☐ Surgeries and/or hospitalizations
   If yes, what kind: _____
3. Do you have access to medical care? ☐ Yes ☐ No
4. Do you routinely access medical care? ☐ Yes ☐ No
   Last saw a doctor for: _____ Date: _____
5. How would you describe your health:

DIMENSION 2: SECTION 2 (CONTINUED)

6. Counselor's observation of client's physical health: _____
7. Current prescriptions and over the counter drugs; dosages and instructions:

8. Current physical illness other than withdrawal that needs to be addressed or which will complicate treatment:

9. Physician's/Clinic's name: _____ City: _____ Telephone: _____

10. Needs (or has) an evaluation for physical incapacity? ☐ Yes ☐ No

If yes, date: _____; results: _____ for _____

DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

RECOMMENDED LEVEL OF CARE

☐ Level	0.5	None or very stable
☐ Level	OMT	None or manageable with medical monitoring ..... Methadone maintenance
☐ Level	I	None or very stable
☐ Level	II.1	None or not a distraction from treatment
☐ Level	II.5	None or not sufficient to distract from treatment
☐ Level	III.1	None or stable
☐ Level	III.7	Requires medical monitoring
☐ Level	IV	Patient requires 24 hour medical and nursing care

DIMENSION 3:

EMOTIONAL/BEHAVIORAL CONDITION AND COMPLICATIONS (INCLUDE PSYCHIATRIC CONDITIONS)

SECTION 3 **A. MENTAL HEALTH STATUS**

1. Are you currently a client at a mental health center or seeing a private practitioner? ☐ Yes ☐ No
   If yes, where: Diagnosis, if known:
2. Have you ever received mental health counseling or psychiatric treatment? ☐ Yes ☐ No
   If yes, where and when: Diagnosis, if known:
3. Are you currently using medications for mental health purposes? ☐ Yes ☐ No
   If yes, what:
4. Is there a family history of mental illness? ☐ Yes ☐ No
   If yes, explain:

B. MENTAL HEALTH SYMPTOMS

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you experienced any of the following:

☐ Anxiousness/nervousness ☐ Serious depression ☐ Grief and loss issues
☐ Sleep disturbances ☐ Hostility/violence ☐ Inability to comprehend
☐ Phobias/paranoia/delusions ☐ Referral to mental health ☐ Loss of appetite
☐ Eating disorders; if checked: ☐ Anorexia ☐ Bulimia
☐ Hallucinations; if checked: ☐ Audio ☐ Visual

C. SUICIDE IDEATION/ATTEMPTS

1. Have you ever attempted suicide? ☐ Yes ☐ No
   If yes, when and what did you do:
2. Do you have suicidal thoughts? ☐ Yes ☐ No
   If yes, date of most recent thoughts:
3. Do you currently have a plan to harm yourself? ☐ Yes ☐ No
   If yes, describe your plan:

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DIMENSION 3: SECTION 3C (CONTINUED)

4. Do you have family history of suicide? ☐ Yes ☐ No
   If yes, explain:

5. Are you experiencing any of the following:
   ☐ Hopelessness ☐ Moodiness ☐ Sleeplessness ☐ Self destructive
   ☐ Decreased energy ☐ Preoccupied with death ☐ Withdrawn ☐ Takes unnecessary risks
   ☐ Giving away valued possessions ☐ Other:

6. Suicide risk assessment: (lowest risk to highest risk) ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

D. VIOLENCE BEHAVIOR/ABUSE HISTORY

1. Do you ever think about or feel like killing another person? ☐ Yes ☐ No; if yes, explain:

2. Do you get in fights or get physical with others when angry? ☐ Yes ☐ No; if yes, explain:

3. Have you ever been physically abused? ☐ Yes ☐ No; if yes, date of last abuse and by whom: _____
   Have you received or participated in counseling for this issue? ☐ Yes ☐ No

4. Have you ever been sexually abused? ☐ Yes ☐ No; if yes, date of last abuse and by whom:
   Have you received or participated in counseling for this issue? ☐ Yes ☐ No

5. Have you ever been emotionally abused? ☐ Yes ☐ No; if yes, date of last abuse and by whom:
   Have you received or participated in counseling for this issue? ☐ Yes ☐ No

6. Are there any other significant life events (losses, deaths, hardships, loss of custody of children, etc.)? ☐ Yes ☐ No
   If yes, describe:

E. IMPRESSION OF MENTAL STATUS (EVALUATOR'S OBSERVATION OF CURRENT MENTAL STATUS)

1. Was the client's manner (check all that apply):
   ☐ Cooperative ☐ Uncooperative ☐ Anxious ☐ Defensive ☐ Evasive ☐ Guarded
   ☐ Hostile ☐ Under the influence ☐ Other (explain):

2. What was the client's description of his/her mental health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

3. What was the counselor's assessment of client's mental health: ☐ Poor ☐ Average ☐ Good ☐ Excellent

4. Is the client able to perform daily living skills? ☐ Yes ☐ No

DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

RECOMMENDED LEVEL OF CARE

☐ Level	0.5	None or very stable
☐ Level	OMT	None or manageable in structured environment ..... Methadone maintenance
☐ Level	I	None or very stable
☐ Level	II.1	Mild severity with potential to distract from recovery
☐ Level	II.5	Mild to moderate severity with potential to distract from recovery. Needs stabilization.
☐ Level	III.1	None or minimal; not distracting to recovery
☐ Level	III.3	Mild or moderate severity needs structure to allow focus on recovery
☐ Level	III.5	Repeated inability to control impulse; personality disorder requires high structure to shape behavior
☐ Level	III.7	Severe problems require 24 hours psychiatric care with concomitant addiction treatment
☐ Level	IV	Patient requires 24 hours hospital care

CLIENT'S NAME

DIMENSION 4:
TREATMENT ACCEPTANCE/RESISTANCE

SECTION 4

A. ATTITUDE TOWARD TREATMENT

1. Reason you scheduled this appointment:
   ☐ Reinstate driving privileges ☐ Legal intervention ☐ Family pressure ☐ Access Public Assistance Benefits
   ☐ Employer intervention ☐ Physician intervention ☐ Child custody
   ☐ Self motivated ☐ Other (explain):
2. Client's acknowledgement of the severity of the problem?
   ☐ Yes ☐ No ☐ Minimizes ☐ Rationalizes
3. Client's recognition of the need for treatment?
   ☐ Yes ☐ No ☐ Minimizes ☐ Rationalizes ☐ Denies need for treatment
4. Client's motivation for recovery:
   ☐ Self ☐ Family ☐ Legal ☐ Money ☐ CPS/DCFS ☐ Other (specify):

B. CHEMICAL DEPENDENCY TREATMENT HISTORY

1. Treatment history:

PROGRAM AND LOCATION	DATES OF TREATMENT	TREATMENT COMPLETED	LENGTH OF ABSTINENCE
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

5. Client's personal statement (perception of alcohol/drug use):

C. LEGAL ISSUES

1. Is this assessment prompted or suggested by your attorney, the court, or anyone connected to the legal system? ☐ Yes ☐ No
2. Have you ever been arrested or charged with any crime? ☐ Yes ☐ No
3. Are you on probation or parole? ☐ Yes ☐ No
   If yes, your probation/corrections officer's name: _____
   Release of Information (ROI)? ☐ Yes ☐ No
4. Have your parental rights been terminated? ☐ Yes ☐ No If yes, when:
5. Arrest history:

CHARGES	ALCOHOL/DRUG RELATED	DATES	DISPOSITION
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		

DIMENSION 4: SECTION 4C (CONTINUED)

6. Are you a Drug Court client? ☐ Yes ☐ No

7. If yes, are you currently in Drug Court treatment? ☐ Yes ☐ No

8. Have you ever been in jail and/or prison? ☐ Yes ☐ No If yes, how many times: _____
   a. If yes, where: _____
   b. What were the charges: _____

9. Any current charges pending: ☐ Yes ☐ No If yes, describe:

10. Court dates:
    a. When:
    b. Where:

D. BARRIERS

1. Are there any other barriers to accessing treatment? ☐ Yes ☐ No
   If yes, explain:

2. Comments:

DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

RECOMMENDED LEVEL OF CARE

- ☐ Level 0.5 Willing to understand how current use affects them
- ☐ Level OMT Resistance high enough to require structured therapy
- ☐ Level OMT Request methadone maintenance ..... Methadone maintenance
- ☐ Level I Willing to cooperate, needs motivating strategies
- ☐ Level II.1 Resistance high enough to require structured program
- ☐ Level II.5 Resistance high enough to require structured program
- ☐ Level III.1 Open to recovery, needs structured environment to maintain
- ☐ Level III.3 Little awareness; patient needs intervention to engage
- ☐ Level III.5 Marked difficulty with opposition to treatment with dangerous consequences if not engaged in treatment
- ☐ Level III.7 Resistance high and impulse control poor despite negative consequences; patient needs 24 hour structured setting
- ☐ Level IV Problems in this dimension do not qualify the patient for Level IV series

DIMENSION 5:

RELAPSE/CONTINUED USE POTENTIAL

SECTION 5 **RELAPSE**

1. Self help involvement: ☐ Yes ☐ No ☐ Past ☐ Present
   If yes, past, or present, what type:

2. Your perception of self-help groups:

3. Have you ever experienced a period of total abstinence? ☐ Yes ☐ No
   If yes, what is the longest period of time: _____ years; _____ months; _____ days; when: _____

DIMENSION 5: SECTION 5 (CONTINUED)

4. Relapse history (report of relapses, what triggers relapse, how long do the relapses last):

5. Is there significant preoccupation/cravings? ☐ Yes ☐ No If yes, what are the thoughts or events that evoke cravings:

6. What do you think about your chances of becoming clean and/or sober?

7. Counselor assessment of client's ability to attain and maintain abstinence (lowest risk to highest risk): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   Comments:

8. Counselor's assessment of client's risk for relapse: (lowest risk to highest risk) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   Comments:

DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

RECOMMENDED LEVEL OF CARE

- ☐ Level 0.5 Willing to understand how current use affects them
- ☐ Level OMT Resistance high enough to require structured therapy
- ☐ Level OMT Request methadone maintenance ..... Methadone maintenance
- ☐ Level I Willing to cooperate, needs motivating strategies
- ☐ Level II.1 Resistance high enough to require structured program
- ☐ Level II.5 Resistance high enough to require structured program
- ☐ Level III.1 Open to recovery, needs structured environment to maintain
- ☐ Level III.3 Little awareness; patient needs intervention to engage
- ☐ Level III.5 Marked difficulty with opposition to treatment with dangerous consequences if not engaged in treatment
- ☐ Level III.7 Resistance high and impulse control poor despite negative consequences; patient needs 24 hour structured setting
- ☐ Level IV Problems in this dimension do not qualify the patient for Level IV series

DIMENSION 6:

RECOVERY ENVIRONMENT

SECTION 6

A. RECOVERY

	YES	NO	COMMENTS
1. Family history of chemical dependency:	☐	☐	
2. Family supportive of abstinence.....	☐	☐	
3. Friends supportive of abstinence	☐	☐	
4. Spouse supportive of abstinence	☐	☐	
5. Living arrangements supportive	☐	☐	
6. Funds for basic needs.....	☐	☐	
7. Employment opportunities.....	☐	☐	
8. Safe environment in home/neighborhood	☐	☐	

B. CULTURAL

1. Do you identify yourself with any particular cultural, ethnic background or community? ☐ Yes ☐ No
   If yes, explain:

   Cultural considerations/barriers to treatment or recovery? Comment:

DIMENSION 6: SECTION 6 (CONTINUED)

2. How do you identify your sexual orientation:
☐ Heterosexual ☐ Gay/Lesbian ☐ Bisexual ☐ Transgender ☐ Questioning ☐ No answer

Comments:

3. a. Do you currently identify with any organized religion? ☐ Yes ☐ No; if yes, which: _____
b. Were you raised in an organized religion? ☐ Yes ☐ No; if yes, which: _____
c. Do you currently believe in a higher power? ☐ Yes ☐ No

4. Is there a particular form of support from this community you can use for your recovery? ☐ Yes ☐ No
If yes, explain:

C. WORK HISTORY

1. How many jobs held in the last six months?	2. Job titles: Primary occupation(s): _____	3. Last full time employment:

C. WORK HISTORY (CONTINUED)

4. ALCOHOL/DRUG RELATED EMPLOYMENT PROBLEMS
☐ Fired ☐ Quit ☐ Absenteeism ☐ Late ☐ Used at work ☐ Diminished productivity
☐ Other (specify):

D. ASSETS/LIABILITIES

DIMENSIONAL ASSESSMENT SUMMARY (STRENGTHS AND NEEDS)

RECOMMENDED LEVEL OF CARE

- ☐ Level 0.5 Social support system or significant others increase risk for personal conflict about alcohol/drug abuse
- ☐ Level OMT Supportive recovery environment and/or patient has skills to cope without treatment (Methadone maintenance)
- ☐ Level I Supportive recovery environment and/or patient skills to cope
- ☐ Level II.1 Environment unsupportive, but with structure and support, the patient can cope
- ☐ Level II.5 Environment is not supportive but with structure and support and relief from the home environment, the patient can cope
- ☐ Level III.1 Environment is dangerous, but recovery achievable if Low Intensity Level III.1 is available
- ☐ Level III.3 Environment is dangerous; patient needs 24 hour structure to learn to cope
- ☐ Level III.5 Environment is dangerous; patient lacks skills to cope outside of a highly structured 24 hour setting
- ☐ Level III.7 Environment dangerous for recovery; patient lacks skills to cope outside of highly structured 24 hour setting
- ☐ Level IV Problems in this dimension do not qualify the patient for Level IV services

DIAGNOSIS

DIAGNOSTIC DEFINITIONS

Not dependent.....Less than three symptoms are present, or no symptom of disturbance has persisted for at least one month nor has it occurred repeatedly over a longer period of time

Mild dependence.....At least three symptoms are present and some symptoms of disturbance have persisted for at least one month or have occurred repeatedly over a longer period of time. Few, if any, symptoms in excess of the minimum are observed, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others

Moderate dependence .....Symptoms or functional impairment between "mild" and "severe"

Severe dependence.....Symptoms in excess of those required to make diagnosis, and the symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others

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SECTION 7 — A. SYMPTOMATOLOGY

CHECK ALL THAT APPLY.

- ☐ None
- ☐ Increased tolerance
- ☐ Frequency in using/drinking
- ☐ Loss of control
- ☐ Preoccupation
- ☐ A.M. use
- ☐ Blackouts
- ☐ Compulsion
- ☐ Binge uses
- ☐ Attempts to control
- ☐ Protecting/hoarding supply
- ☐ Unusual behavior
- ☐ Crawling skin/goose flesh
- ☐ Violence when using
- ☐ Decreased tolerance
- ☐ Neglected responsibilities
- ☐ Financial difficulties
- ☐ Difficulty performing job
- ☐ Family and friends concerned
- ☐ Medical consequences
- ☐ Seizures
- ☐ Cramps
- ☐ Severe withdrawals
- ☐ Memory problems
- ☐ Undefinable fears
- ☐ Arrested (use)

B. DIAGNOSTIC CRITERIA FOR CHEMICAL DEPENDENCY

PSYCHOACTIVE SUBSTANCE DEPENDENCE: INDICATE WHETHER YOU HAVE EXHIBITED ANY OF THE FOLLOWING SYMPTOMS.

WITHIN LAST 90 DAYS	EVER EXHIBITED?	
☐ Yes	☐ Yes	1. Tolerance: Either a need for increased amounts of the substance to achieve intoxication or the desired effect or a diminished effect with continued use of the same amount of the substance.
☐ Yes	☐ Yes	2. Withdrawal: Either characteristic withdrawal syndrome for the substance, or the same or closely related substance, is taken to relieve or avoid withdrawal symptoms.
☐ Yes	☐ Yes	3. The substance is taken in larger amounts or over a longer period than was originally intended.
☐ Yes	☐ Yes	4. A persistent desire or unsuccessful efforts to cut down or control substance use.
☐ Yes	☐ Yes	5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
☐ Yes	☐ Yes	6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
☐ Yes	☐ Yes	7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or made worse by the substance.

C. DIAGNOSTIC IMPRESSION

1. ☐ Denied use of alcohol
   ☐ NSP - insufficient symptoms for substance abuse or addiction
2. ☐ Denied use of substance(s) (drugs other than alcohol)
   ☐ NSP - screening of substance use revealed insufficient symptoms to indicate abuse or addiction

3. ☐	305.00	Alcohol abuse			
☐	303.90	Alcohol dependence:	☐ Mild	☐ Moderate	☐ Severe
4. ☐	305.50	Opioid abuse			
☐	304.00	Opioid dependence:	☐ Mild	☐ Moderate	☐ Severe
5. ☐	305.60	Cocaine abuse			
☐	304.20	Cocaine dependence:	☐ Mild	☐ Moderate	☐ Severe
6. ☐	305.20	Cannabis abuse			
☐	304.30	Cannabis dependence:	☐ Mild	☐ Moderate	☐ Severe
7. ☐	305.70	Amphetamine abuse			
☐	304.40	Amphetamine dependence:	☐ Mild	☐ Moderate	☐ Severe
8. ☐	305.30	Hallucinogen abuse			
☐	304.50	Hallucinogen dependence:	☐ Mild	☐ Moderate	☐ Severe
9. ☐	305.90	Inhalant abuse			
☐	304.60	Inhalant dependence:	☐ Mild	☐ Moderate	☐ Severe
10. ☐	305.90	Phencyclidine (PCP) abuse			
☐	304.90	PCP dependence:	☐ Mild	☐ Moderate	☐ Severe
11. ☐	305.40	Sedative, hypnotic, anxiolytic abuse			
☐	304.10	Sedative, hypnotic, anxiolytic dependence:	☐ Mild	☐ Moderate	☐ Severe
12. ☐	304.80	Poly substance dependence	☐ Mild	☐ Moderate	☐ Severe
13. ☐	304.80	Nicotine dependence	☐ Mild	☐ Moderate	☐ Severe